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In re: Igor Neyman et al.
Case: P3251 Application No.: 08/928,861 Filing date: 09/12/1997
Art Unit: 2645 Examiner: A Hoosain
Subject: Improved Call Center Apparatus and Functionality in Telephony

Certificate of Transmission under 37 CFR 1.8

Examiner: Allen Hoosain

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Total Sheets Transmitted - 21

1. Copy of PAIR sheet for 08/928,861 - 2 sheet
2. Copy of stamped Postcard listing contents - 1 sheet
3. Copy of Express Mail receipt Date In 08/21/2000 - 1 sheet
4. Copy of Amendment Transmittal as sent 08/21/2000 - 1 sheet
5. Copy of Duplicate Amendment Transmittal as sent 08/21/2000 - 1 sheet
6. Copy of Amendment F as sent 08/21/2000 - 12 sheets
7. Copy of Postcard listing contents - 1 sheet
8. Copy of Certificate of Express Mailing as sent 08/21/2000 - 1 sheet
9. Certificate of Transmission - 1 sheet

I find that PAIR fails to show receipt of the amendment submitted 08/21/2000. Attached is a copy
the amendment and proof of mailing. Please have this matched with the file.

Please call me at (831) 726-1457 if you have any questions.

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Official

3251



Certificate of express mailing No. EL573443581US

Attorney Docket No: P3251 Serial No. 08/928,861 Date: 08/21/2000

1. Amendment F.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Official"Express Mail" Mailing Label Number: EL573443581USCASE DOCKET NO. P3251In reference to application of Igor Neyman et al.Serial No. 08/928.861For Improved Call Center Apparatus and Functionality in Telephony

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
- ☐ Small entity status of this previously submitted, application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	16	Minus	**20	0	\$09.00	\$18.00	\$0.00
Indep Claims	3	Minus	***3	0	\$39.00	\$78.00	\$0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$135	\$270	\$0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$0.00
Total additional for claims and time extensions							\$0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

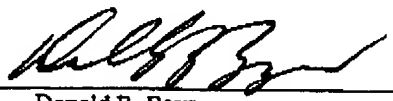
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of _____ is attached.☐ Charge \$_____ to deposit account _____ (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 A duplicate of this sheet is enclosed.

Respectfully Submitted,


 Donald R. Boys
 Reg. No. 35,074

 Central Coast Patent Agency
 P.O. Box 187
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3251

Certificate of express mailing No. EL573443581US
Attorney Docket No: P3251 Serial No. 08/928,861 Date: 08/21/2000

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Certificate of Express Mailing

"Express Mail" Mailing Label Number: EL573443581US

Date of Deposit: 08/21/2000

Ref. Case Docket No.: P3251

First Named Inventor: Igor Neyman et al.

Serial Number: 08/928,861

Filing Date: 09/12/1997

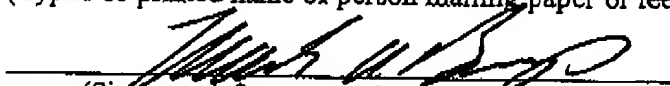
Title of Case: Improved Call Center Apparatus and Functionality in Telephony

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1. Amendment F.
2. Amendment transmittal.
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Mark A. Boys

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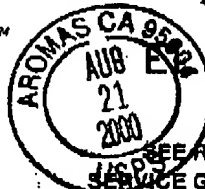
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PO ZIP Code 95004	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in 8 21 00	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 11.75
No. Day Year 3 15	<input type="checkbox"/> 1st Day <input checked="" type="checkbox"/> 2nd Day	Return Receipt Fee
Time in <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Int'l Alpha Country Code	DD Fee Insurance Fee
Weight 4 lbs. ozs.	Acceptance Clerk Initials aj	Total Postage & Fees \$ 11.75
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		



573443581US

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3251

Customer Copy
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CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance beyond \$500 (if waiver of signature is requested) is not available. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location, and I authorize that delivery employee's signature can serve as proof of delivery.

☐ **NO DELIVERY:** ☐ Weekend ☐ Holiday

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